

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different
than previously
reported. (ACC)

MANKATO

MN

56001-7710

2. FEC IDENTIFICATION NUMBER ▼

C

C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

24

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

09

D D / Y Y Y Y

30

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DOUGLAS R HITZEMANN

Signature of Treasurer

DOUGLAS R HITZEMANN

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

04

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	71173.52	159573.52
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	71173.52	159523.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	55082.26	136727.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	138.75	138.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	54943.51	136589.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	40434.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 53

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

50839.52

108994.52

(ii) Unitemized.....

9435.00

22205.00

(iii) TOTAL of contributions from individuals ▶

60274.52

131199.52

(b) Political Party Committees.....

4399.00

4399.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

6500.00

23975.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

71173.52

159573.52

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

12500.00

17500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

12500.00

17500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

138.75

138.75

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

83812.27

177212.27

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 53

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55082.26	136727.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	55082.26	136777.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11704.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	83812.27
25. SUBTOTAL (add Line 23 and Line 24).....	95516.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55082.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	40434.32

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

SAMUEL ARSERS

A.

Mailing Address 1812 SOUTHRIDGE RD

City

NEW ULM

State

MN

Zip Code

56073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y
08 18 2014

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

SAMUEL ARSERS

B.

Mailing Address 1812 SOUTHRIDGE RD

City

NEW ULM

State

MN

Zip Code

56073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

550.00

Date of Receipt

M M / D D / Y Y Y Y
09 26 2014

Transaction ID : SA11AI.5055

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MARK BEHRENS

C.

Mailing Address 512 S SPRINGS ST

City

FALLS CHURCH

State

VA

Zip Code

22046

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIBRARY OF CONGRESS

Occupation

LIBRARIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 15 2014

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

PAUL BREITBARTH**A.**

Mailing Address 6938 NE HALBROOK LN

City

ANKENY

State

IA

Zip Code

50023

FEC ID number of contributing
federal political committee.

C

Name of Employer

SALES

Occupation

POWER SYSTEMS

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.5056

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

RONALD CAMERON**B.**

Mailing Address PO BOX 21440

City

LITTLE ROCK

State

AR

Zip Code

72221

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNTAIRE CORP

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2014

Transaction ID : SA11AI.4811

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

DEBORAH COLLIS**C.**

Mailing Address 11564 GREAT RIVER ROAD

City

LITTLE FALLS

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Nurse

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.4885

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

NOEL COLLIS

A.

Mailing Address 811 SE 2ND ST

City

LITTLE FALLS

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
DOCTOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2014

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

PAUL COLLIS

B.

Mailing Address 53804 208TH LANE

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLLIS C-STOREOccupation
OWNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.5006

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

VELMA COLLIS

C.

Mailing Address PO BOX 129

City

LAKE CRYSTAL

State

MN

Zip Code

56055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2014

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

JAMES COMPART

A.

Mailing Address 45198 400TH ST

City

NICOLLET

State

MN

Zip Code

56074

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

STEPHEN DESIMONE

B.

Mailing Address PO BOX 877

City

WARRENTOWN

State

VA

Zip Code

20188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Property Manager

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		20		2014

Transaction ID : SA11AI.5037

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOHN DREYLINGER

C.

Mailing Address 1700 TRENTON DR

City

ALEXANDRIA

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		02		2014

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

JOHN DREYLINGER

A.

Mailing Address 1700 TRENTON DR

City

ALEXANDRIA

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2014

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

WILLIAM ERICKSON

B.

Mailing Address 1224 SOUTH RAMSEY

City

BLUE EARTH

State

MN

Zip Code

56013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BANKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

CURTIS FISHER

C.

Mailing Address 53796 194TH LN

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.5043

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

PAT FITZSIMMONS

A.

Mailing Address 72515 237TH ST

City

DASSEL

State

MN

Zip Code

55325

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
FARM MANAGEMENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4986

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

PAUL FITZSIMMONS

B.

Mailing Address 54440 148TH ST

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
PARTNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

ELROY GEISTFELD

C.

Mailing Address 39057 790TH AVE

City

LEWISVILLE

State

MN

Zip Code

56060

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTURY 21 NORTHLAND REALTYOccupation
REALTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
THOMAS HAGEDORN

Mailing Address **31 SE 10TH AVE**

City State Zip Code
FORT LAUDERDALE FL 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 25 2014

Transaction ID : **SA11AI.5040**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
KENNETH HALVERSON

Mailing Address **PO BOX 68**

City State Zip Code
KASSON MN 55944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF TREE FARMER

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
09 15 2014

Transaction ID : **SA11AI.4892**

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JOHN HOLLERICH

Mailing Address **308 SMITH COURT**

City State Zip Code
MAPLETON MN 56065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROTEIN SOURCES PARTNER

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
1080.00

Date of Receipt

M M / D D / Y Y Y Y
08 12 2014

Transaction ID : **SA11AI.4793**

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

830.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

JOHN HOLLERICH

A.

Mailing Address 308 SMITH COURT

City

MAPLETON

State

MN

Zip Code

56065

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
PARTNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

JOHN HOLLERICH

B.

Mailing Address 308 SMITH COURT

City

MAPLETON

State

MN

Zip Code

56065

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
PARTNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

KIM HUMMEL

C.

Mailing Address 235 COUNTY RD 51

City

JACKSON

State

MT

Zip Code

56143

FEC ID number of contributing
federal political committee.

C

Name of Employer
JACKSON COUNTYOccupation
COUNTY COMMISSIONER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

TERRY HUMMEL

A.

Mailing Address 235 COUNTY RD 51

City

JACKSON

State

MN

Zip Code

56143

FEC ID number of contributing
federal political committee.

C

Name of Employer

FULL TILT PERFORMANCE

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2014

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PERRY IVERSON

B.

Mailing Address 5121 ELM STREET

City

SKOKIE

State

IL

Zip Code

60077

FEC ID number of contributing
federal political committee.

C

Name of Employer

CIH ASSOCIATES

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		19		2014

Transaction ID : SA11AI.5001

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

ROBERT KIERLIN

C.

Mailing Address PO BOX 302

City

WINONA

State

MN

Zip Code

55987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2014

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

KATHLEEN KREKLAU

A.

Mailing Address 2117 BARGAMIN LOOP

City

CROZET

State

VA

Zip Code

22932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

ROBERT KREKLAU

B.

Mailing Address 2117 BARGAMIN LOOP

City

CROZET

State

VA

Zip Code

22932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.5115

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

BILL MARKS

C.

Mailing Address 22922 N RIVERFRONT DR

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

MG BIOLOGICS

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

DAVE MENSINK

A.

Mailing Address 17644 LONESOME RD

City

PRESTON

State

MN

Zip Code

55965

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PAUL MUGAN

B.

Mailing Address 1112 MADERA COURT

City

SEASIDE

State

CA

Zip Code

93955

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		31		2014

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

PAUL MUGAN

C.

Mailing Address 1112 MADERA COURT

City

SEASIDE

State

CA

Zip Code

93955

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

ANDREA NIELSEN

A.

Mailing Address 224 N BURLINGTON ST

City

ARLINGTON

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

REALTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.5068

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MARK NOWAK

B.

Mailing Address 15330 580TH AVE

City

WELLS

State

MN

Zip Code

56097

FEC ID number of contributing
federal political committee.

C

Name of Employer

OWNER

Occupation

NOWAK AG CONSULTING

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2014

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JERRY PAPENFUSS

C.

Mailing Address PO BOX 767

City

WINONA

State

MN

Zip Code

55987

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINONA RADIO

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

PATRICIA PAPENFUSS**A.**

Mailing Address PO BOX 767

City

WINONA

State

MN

Zip Code

55987

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINONA RADIO

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2014

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

JEAN PASSERI**B.**

Mailing Address 28501 CHIANTI TERRACE

City

BONITA SPRINGS

State

FL

Zip Code

34135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		14		2014

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

SUSAN PETERSON**C.**

Mailing Address PO BOX 271

City

LAKE CRYSTAL

State

MN

Zip Code

56055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		23		2014

Transaction ID : SA11AI.4823

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI**A.**

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI**B.**

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2014

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI**C.**

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2014

Transaction ID : SA11AI.5046

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

LEWIS REIMAN JR.

A.

Mailing Address 16144 COUNTY RD 6

City

UTICA

State

MN

Zip Code

55979

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

201.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		17		2014

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period

101.52

Full Name (Last, First, Middle Initial)

LEWIS REIMAN JR.

B.

Mailing Address 16144 COUNTY RD 6

City

UTICA

State

MN

Zip Code

55979

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

259.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

BRIAN ROGGOW

C.

Mailing Address 1980 KNOLLWOOD DR

City

FAIRMONT

State

MN

Zip Code

56031

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAIRMONT VETERINARY CLINIC

Occupation

VETERINARIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

409.52

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

JULIE ROSEN

A.

Mailing Address PO BOX 428

City

VERNON CENTER

State

MN

Zip Code

56090

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF MINNESOTA

Occupation

SENATOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

Transaction ID : SA11AI.4802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

RICHARD SALK

B.

Mailing Address BOX 675

City

ALBANY

State

MN

Zip Code

56038

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DOCTOR

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SA11AI.4655

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

RICHARD SALK

C.

Mailing Address BOX 675

City

ALBANY

State

MN

Zip Code

56038

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DOCTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. BRUCE SELLERS

Mailing Address 101 SMITH ST NW

City

MAPLETON

State

MN

Zip Code

56065

FEC ID number of contributing
federal political committee.

C

Name of Employer

WENDLAND, SELLERS, BROMELAND

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KYLE SMITH

Mailing Address 530 S FRONT ST

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GROWTH HOLDINGS

Occupation

MANAGER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL SPRENGELER

Mailing Address 3340 QUEENS RD SE

City

ALEXANDRIA

State

MN

Zip Code

56038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNEMPLOYED

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. SARAH SPRENGELER

Mailing Address 3340 QUEENS RD SE

City

ALEXANDRIA

State

MN

Zip Code

56038

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALEXANDRIA CLINICOccupation
DOCTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2014

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GARY STEUART

Mailing Address 40184 120TH ST

City

MABEL

State

MN

Zip Code

55954

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWNEROccupation
STEUART LABORATORIES

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		21		2014

Transaction ID : SA11AI.5058

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. DAVID WARD

Mailing Address 2160 MALLORD DR

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIH ASSOCIATESOccupation
CONSULTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2014

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

SCOTT WEILAGE

A.

Mailing Address 52899 MINNEWAUKOR

City

NO MANKATO

State

MN

Zip Code

56002

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEILAGE ADVISORY GROUP

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.5151

Amount of Each Receipt this Period

400.00

In-kind - BAND AT FUND RAISER

Full Name (Last, First, Middle Initial)

JOSEPH WEIS

B.

Mailing Address 2227 7TH ST NW

City

ROCHESTER

State

MN

Zip Code

55901

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEIS BUILDERS, INC

Occupation

CHAIRMAN EMERITUS

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JOSEPH WEIS

C.

Mailing Address 2227 7TH ST NW

City

ROCHESTER

State

MN

Zip Code

55901

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEIS BUILDERS, INC

Occupation

CHAIRMAN EMERITUS

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.5031

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

SUSAN WERTIES

A.

Mailing Address 16616 GAINES RD

City

BROAD RUN

State

VA

Zip Code

20137

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

REAL ESTATE PROFESSIONAL

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

SUSAN WERTIES

B.

Mailing Address 16616 GAINES RD

City

BROAD RUN

State

VA

Zip Code

20137

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

REAL ESTATE PROFESSIONAL

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JESSE WERTJES

C.

Mailing Address 843 DIAMOND DRIVE

City

GAITHERSBIT

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

HANDIMAN

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional).....

1550.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

CHARLES WHALEN

A.

Mailing Address 1069 SPRUCE ST

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMODITY BROKEROccupation
CIH ASSOCIATES

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.5004

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

DUANE WILLIAMS

B.

Mailing Address 115 E 4TH ST

City

BLUE EARTH

State

MN

Zip Code

56013

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAMS ACCT & INSURANCEOccupation
ACCOUNTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4984

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

KENNETH WILMES

C.

Mailing Address 58928 211TH LANE

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDUSTRIAL FABRICATION SERVICEOccupation
CEO

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2014

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2900.00

50839.52

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 53

☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
BLUE EARTH COUNTY RPM

Mailing Address PO BOX 4422

City State Zip Code
MANKATO MN 56002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M / D D / Y Y Y Y
09 16 2014

Transaction ID : SA11B.5642

Amount of Each Receipt this Period

800.00

B. Full Name (Last, First, Middle Initial)
BROWN COUNTY RPM

Mailing Address 519 N MINNESOTA ST

City State Zip Code
NEW ULM MN 56073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 11 2014

Transaction ID : SA11B.5640

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
JACKSON COUNTY REPUBLICAN PARTY

Mailing Address 1548 GRANT ST

City State Zip Code
JACKSON MN 56143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M / D D / Y Y Y Y
08 28 2014

Transaction ID : SA11B.5022

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 53

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
JACKSON COUNTY REPUBLICAN PARTY

Mailing Address 1548 GRANT ST

City	State	Zip Code
JACKSON	MN	56143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11B.5054

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
LE SUEUR COUNTY REP COMM

Mailing Address

City	State	Zip Code
LE CENTER	MN	56057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		13		2014

Transaction ID : SA11B.5641

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
MARTIN COUNTY REPUBLICANS

Mailing Address 2106 210TH ST

City	State	Zip Code
TRUMAN	MN	56088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11B.5125

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 53

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial) NICOLLET COUNTY RPM		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address		Transaction ID : SA11B.5059
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) OLMSTED COUNTY REPUBLICAN PARTY		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1530 GREENVIEW DR SW #105A		Transaction ID : SA11B.5027
City	State Zip Code	
ROCHESTER	MN 55902	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) WASECA COUNTY REPUBLICAN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address		Transaction ID : SA11B.5023
City	State Zip Code	
WASECA	MN 56093	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 53

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
WATONWAN COUNTY REPUBLICAN PARTY

Mailing Address PO BOX 167

City	State	Zip Code
ST JAMES	MN	56081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

199.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : SA11B.5024

Amount of Each Receipt this Period

199.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

199.00

4399.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 53

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		30		2014									
Mailing Address PO BOX 63		Transaction ID : SA11D.5153											
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Receipt this Period <table border="1"> <tr> <td>5500.00</td> </tr> </table> In-kind - Mileage	5500.00									
5500.00													
FEC ID number of contributing federal political committee. C HOMN01045													
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>40475.00</td> </tr> </table>		40475.00										
40475.00													
B. Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		30		2014									
Mailing Address PO BOX 63		Transaction ID : SA11D.5153											
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> In-kind - Meals	1000.00									
1000.00													
FEC ID number of contributing federal political committee. C HOMN01045													
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>41475.00</td> </tr> </table>		41475.00										
41475.00													
C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>6500.00</td> </tr> </table>		6500.00									
6500.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td>6500.00</td> </tr> </table>		6500.00									
6500.00													

FOR LINE NUMBER:		PAGE 31 OF 53	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Date of Receipt

MM / DD / YYYY

07 / 29 / 2014

Amount of Each Receipt this Period

3000.00

LOAN

Date of Receipt

MM / DD / YYYY

07 / 30 / 2014

Amount of Each Receipt this Period

3500.00

LOAN

Date of Receipt

MM / DD / YYYY

08 / 05 / 2014

Amount of Each Receipt this Period

6000.00

LOAN

TOTAL This Period (last page this line number only)

12500.00

12500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. AMBIENT LIGHT STUDIOS

Mailing Address 310 MAIN ST NE

City	State	Zip Code
MAPLETON	MN	56065

Purpose of Disbursement
SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2014

Amount of Each Disbursement this Period

1192.73

Transaction ID : SB17.4792

B. ANEDOTMailing Address 5555 HILTON AVE
SUITE 106

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement
CREDIT CARD CHARGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

72.32

Transaction ID : SB17.5137

C. ANEDOTMailing Address 5555 HILTON AVE
SUITE 106

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement
CREDIT CARD CHARGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

299.72

Transaction ID : SB17.5138

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1564.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 5555 HILTON AVE
SUITE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD CHARGES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	30	2014

Amount of Each Disbursement this Period

512.44

Transaction ID : SB17.5139

B. BLUE EARTH GRAPHICS

Mailing Address 113 NORTH MAIN ST

City BLUE EARTH State MN Zip Code 56013

Purpose of Disbursement
PRINTING OF MAILERS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	19	2014

Amount of Each Disbursement this Period

1656.56

Transaction ID : SB17.4871

C. BLUE EARTH GRAPHICS

Mailing Address 113 NORTH MAIN ST

City BLUE EARTH State MN Zip Code 56013

Purpose of Disbursement
MAILERS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	09	2014

Amount of Each Disbursement this Period

2474.16

Transaction ID : SB17.4924

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4643.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. BLUE EARTH POST OFFICE

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

City	State	Zip Code
BLUE EARTH	MN	56013

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

3592.94

Candidate Name

Category/
Type**Transaction ID : SB17.4742**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. BLUE EARTH POST OFFICE

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

City	State	Zip Code
BLUE EARTH	MN	56013

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

3592.94

Candidate Name

Category/
Type**Transaction ID : SB17.4769**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. RYAN BRINKS

Mailing Address 115 4TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

City	State	Zip Code
JACKSON	MN	56143

Amount of Each Disbursement this Period

Purpose of Disbursement
CAMPAIGN STAFF

1000.00

Candidate Name

Category/
Type**Transaction ID : SB17.4873**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

8185.88

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. RYAN BRINKS

Mailing Address 115 4TH STREET

City	State	Zip Code
JACKSON	MN	56143

Purpose of Disbursement
CAMPAIGN STAFF

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4923

B. MICHAEL BRYAN

Mailing Address 1500 OLD COMPTON ROAD

City	State	Zip Code
HENRICO	VA	23238

Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4874

C. CHARLIE'S

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2014

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17.4936

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1875.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. CHARTER MEDIAMailing Address 15025 GLAZIER AVE
SUITE 201

City APPLE VALLEY State MN Zip Code 55124

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	28	2014

Amount of Each Disbursement this Period

8503.40

Transaction ID : SB17.4733

B. CLARK

Mailing Address MADISON AVE

City MANKATO State MN Zip Code 56001

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	31	2014

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.4755

C. CLARK

Mailing Address MADISON AVE

City MANKATO State MN Zip Code 56001

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	11	2014

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.4791

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8623.40

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4870

B. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

959.60

Transaction ID : SB17.4912

[MEMO ITEM]

C. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5135

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

321.39

Transaction ID : SB17.4925

[MEMO ITEM]**B. JAMES HAGEDORN**

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Mileage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MN District: 01

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.5154

C. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Meals

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MN District: 01

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5156

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. HARPER POLLING LLC

Mailing Address 121 STATE STREET

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement
POLLING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2014

Amount of Each Disbursement this Period

4186.00

Transaction ID : SB17.4934

B. DOUGLAS R HITZEMANN

Mailing Address 148 LYNX LN

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

Amount of Each Disbursement this Period

913.20

Transaction ID : SB17.5133

[MEMO ITEM]

C. DOUGLAS R HITZEMANN

Mailing Address 148 LYNX LN

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

149.00

Transaction ID : SB17.4910

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4186.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. KBEW

Mailing Address PO BOX 278

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2014

City	State	Zip Code
BLUE EARTH	MN	56013

Amount of Each Disbursement this Period

495.00

Purpose of Disbursement
ADVERTISINGCategory/
Type**Transaction ID : SB17.4778**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. KEYC-MANKATO

Mailing Address 1570 LOOKOUT DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

City	State	Zip Code
NO MANKATO	MN	56003

Amount of Each Disbursement this Period

880.00

Purpose of Disbursement
ADVERTISINGCategory/
Type**Transaction ID : SB17.4752**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. KNUJ

Mailing Address BOX 368

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

City	State	Zip Code
NEW ULM	MN	56073

Amount of Each Disbursement this Period

495.90

Purpose of Disbursement
ADVERTISINGCategory/
Type**Transaction ID : SB17.4765**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1870.90

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. KTTTC-ROCHESTER

Mailing Address 6301 BANDEL ROAD NW

City	State	Zip Code
ROCHESTER	MN	55901

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 01 / 2014

Amount of Each Disbursement this Period

925.00

Transaction ID : SB17.4750

B. KWIK TRIP

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2014

Amount of Each Disbursement this Period

68.00

Transaction ID : SB17.4741

C. KWIK TRIP

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 04 / 2014

Amount of Each Disbursement this Period

53.25

Transaction ID : SB17.4759

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1046.25

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. KWIK TRIP

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

53.00

Transaction ID : SB17.4787

B. KWIK TRIP

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
FUEL - L FIRCHAU

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

198.01

Transaction ID : SB17.4915

C. KWIK TRIP

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
FUEL - L FIRCHAU

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

222.02

Transaction ID : SB17.4926

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

473.03

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LAKE REGION TIMESMailing Address 513 MAIN ST
PO BOX 128

City MADISON LAKE State MN Zip Code 56063

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

81.00

Transaction ID : SB17.4763

B. LAKE REGION TIMESMailing Address 513 MAIN ST
PO BOX 128

City MADISON LAKE State MN Zip Code 56063

Purpose of Disbursement
CAMPAIGN SIGNS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

Amount of Each Disbursement this Period

1121.42

Transaction ID : SB17.4869

C. LAKE REGION TIMESMailing Address 513 MAIN ST
PO BOX 128

City MADISON LAKE State MN Zip Code 56063

Purpose of Disbursement
CAMPAIGN SIGNS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2014

Amount of Each Disbursement this Period

2885.23

Transaction ID : SB17.4933

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4087.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LOOSE MOOSE SALOON & CONFERENCE CENTER

Mailing Address 117 SOUTH FRONT ST

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
FOOD FOR ELECTION NIGHT PARTY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

819.43

Transaction ID : SB17.4905

B. NATION BUILDER

Mailing Address 448 S HILL ST

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEB ORGANIZATION - D HITZEMANN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

149.00

Transaction ID : SB17.4908

C. PHONE ZONE

Mailing Address 201 SIOUX ROAD

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CELL PHONE - L FIRCHAU

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

Amount of Each Disbursement this Period

682.91

Transaction ID : SB17.4913

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1651.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. RADIO MANKATO

Mailing Address 59346 MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
ADVERTISING - D HITZEMANN

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2014

Amount of Each Disbursement this Period

724.00

Transaction ID : SB17.4867

B. RADIO WORKS LLC

Mailing Address 28779 CTY HWY 35

City	State	Zip Code
WORTHINGTON	MN	56187

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 07 / 2014

Amount of Each Disbursement this Period

288.40

Transaction ID : SB17.4774

C. RICHTER PICTURE COMPANY

Mailing Address 1741 LOIS DRIVE

City	State	Zip Code
ST PAUL	MN	55126

Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 08 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4782

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2012.40

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB17
Transaction ID : SB17.4867

MEMO

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. RUSSELL LABEL & PACKAGING

Mailing Address 499 BURGESS ST

City	State	Zip Code
ST PAUL	MN	55117

Purpose of Disbursement
STICKERS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

267.85

Transaction ID : SB17.4734

B. THE JOURNAL

Mailing Address 303 N MINNESOTA ST

City	State	Zip Code
NEW ULM	MN	56073

Purpose of Disbursement
ADVERTISING - D HITZEMANN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

Amount of Each Disbursement this Period

189.20

Transaction ID : SB17.4868

C. SCOTT WEILAGE

Mailing Address 52899 MINNEWAUKOR

City	State	Zip Code
NO MANKATO	MN	56002

Purpose of Disbursement
In-kind - BAND AT FUND RAISER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.5152

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

857.05

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB17
Transaction ID : SB17.4868

MEMO

Form/Schedule:
Transaction ID:

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 51 OF 53

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4646

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 29 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 52 OF 53

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4647

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 30 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 53 OF 53

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4661

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
08 / 05 / 2014

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

TOTALS This Period (last page in this line only)..... ►

12500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.